

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

09/19/2008 21 : 11

National Rifle Association of America Political Victory Fund

11250 Waples Mill Road

Fairfax

VA

22030

FEC ID No. C00053553☐ 24-Hour Notice ☒ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF 1 / 5

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Rifle Association of America Political Vi-
ctory Fund**FEC IDENTIFICATION NUMBER****C** C00053553Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

New Media Communications Inc.

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Amount

500.00

Mailing Address

3046 Brecksville Road

City

Richfield

State

OH

Zip Code

44286

Purpose of Expenditure

Website Development

Category/
Type

004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: 26386093**

Calendar Year-To-Date Per Election

0.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Federal Express Corporation

Date

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Amount

96.89

Mailing Address

P.O. Box 371461

City

Pittsburgh

State

PA

Zip Code

15250-7461

Purpose of Expenditure

Shipping Expense -
Estimated CostCategory/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____**Transaction ID: 26386095**

Calendar Year-To-Date Per Election

0.00

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

596.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

Signature

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Rifle Association of America Political Victory Fund

FEC IDENTIFICATION NUMBER

C C00053553

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

National Rifle Association of America

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Amount

4.80

Mailing Address

11250 Waples Mill Road

City

Fairfax

State

VA

Zip Code

22030

Purpose of Expenditure
postageCategory/
Type

001

Office Sought:

☒ House

State: NH

☐ Senate

District: 01

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: 26386710

Calendar Year-To-Date Per Election
for Office Sought

0.00

Full Name (Last, First, Middle, Initial) of Payee

National Rifle Association of America

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Amount

9.80

Mailing Address

11250 Waples Mill Road

City

Fairfax

State

VA

Zip Code

22030

Purpose of Expenditure
PostageCategory/
Type

001

Office Sought:

☒ House

State: KY

☐ Senate

District: 03

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: 26386711

Calendar Year-To-Date Per Election
for Office Sought

0.00

(a) SUBTOTAL of Itemized Independent Expenditures

14.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Mary Rose Adkins

Signature

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

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SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Rifle Association of America Political Victory Fund

FEC IDENTIFICATION NUMBER

C C00053553

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

National Rifle Association of America

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Amount

29.40

Mailing Address

11250 Waples Mill Road

City

Fairfax

State

VA

Zip Code

22030

Purpose of Expenditure

Postage

Category/
Type

001

Office Sought:

☐ House

State: MN

☒ Senate

District: _____

☐ Presidential

Check One:

☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Sen. Norm Coleman

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: 26386709

Calendar Year-To-Date Per Election

0.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

National Rifle Association of America

Date

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Amount

4.90

Mailing Address

11250 Waples Mill Road

City

Fairfax

State

VA

Zip Code

22030

Purpose of Expenditure

Postage

Category/
Type

001

Office Sought:

☒ House

State: MN

☐ Senate

District: 03

☐ Presidential

Check One:

☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Mr. Erik Paulsen

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : _____

Transaction ID: 26386712

Calendar Year-To-Date Per Election

0.00

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

34.30

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Mary Rose Adkins

Signature

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 8

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SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER C C00053553	
Check if <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee National Rifle Association of America		Date M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8	
Mailing Address 11250 Waples Mill Road		Amount 4.90	
City Fairfax	State VA	Zip Code 22030	
Purpose of Expenditure Postage	Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: Michele Bachmann		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____ Transaction ID: 26386713	
0.00			

Full Name (Last, First, Middle, Initial) of Payee National Rifle Association of America		Date M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8	
Mailing Address 11250 Waples Mill Road		Amount 73.40	
City Fairfax	State VA	Zip Code 22030	
Purpose of Expenditure Postage	Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____ Transaction ID: 26386714	
0.00			

(a) SUBTOTAL of Itemized Independent Expenditures	78.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	724.09
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mary Rose Adkins Signature	M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8

Form/Schedule: **F24N**
Transaction ID:

Federal Express cost are estimated.